

Lewis County Community Development

2025 NE Kresky Ave.
 Chehalis WA 98532
 (360) 740-1146

FILL/GRADING PERMIT APPLICATION

Project Information	Site Address/ Location			
	Tax Parcel #		Sec.	Twp.
	Project Description			
	Cubic Yards Fill Proposed:		Cubic Yards Cut/Grade Proposed:	

Please Check Any Of The Following That Apply To This Application

- | | |
|--|---|
| <input type="checkbox"/> Subdivision (Residential) | <input type="checkbox"/> Residential Building Site |
| <input type="checkbox"/> Subdivision (Commercial) | <input type="checkbox"/> Driveway (if new, road access from Public Works may be required) |
| <input type="checkbox"/> Commercial Building Site | <input type="checkbox"/> Other _____ |

Submittal Requirements:

- Copy of Assessor's Map (current)
- Permission to Enter
- Grading Site Plans (3 copies) showing the following:

<input type="checkbox"/> Property Lines and Boundaries	<input type="checkbox"/> Location of Existing Structures
<input type="checkbox"/> Existing Contours	<input type="checkbox"/> Location of Existing Septics and Wells
<input type="checkbox"/> Final Grade Contours	<input type="checkbox"/> Areas and Volumes of Cut and Fill
<input type="checkbox"/> Location of Drainage and Stream Courses	<input type="checkbox"/> Erosion Control Plan for Construction Phase
<input type="checkbox"/> Design of Any Soil Retention Structures (Retaining Walls)	<input type="checkbox"/> Soils Report
- SEPA (State Environmental Policy Act) Checklist (Required if 500cy or more fill/grade proposed)

Contact Information

Applicant	Name:	
	Mailing Address:	
	E- Mail:	
	City/State/Zip	Phone #
Property Owner	Name:	
	Mailing Address:	
	E-Mail:	
	City/State/Zip	Phone#
Contractor	Name:	
	License #	Expiration Date:
Civil Engineer	Name :	
	Address/Phone/E-Mail	
Soils Engineer	Name:	
	Address/Phone/E-Mail	

Signature

Applicant Signature _____ Date _____

FOR COUNTY USE ONLY

Date Submitted: _____ Permit Tech: _____

Fill/Grading Permit Application # _____

SEPA Checklist _____

Other required permits

Building Official

☐ Approved ☐ Not Approved

Signature _____ Date _____

Permit Reviewed _____ TOTAL FEE DUE _____